

APPLICATION FORM



Fill in the information below for EACH person. Enclose \$10 per person and mail check or money order along with this enrollment form to:

**Rx Washington
PO Box 5577
Plymouth, MI 48170**

[illegible][illegible][illegible]

One applicant	\$10
Two Applicants	\$20
Three Applicants	\$30

To enroll more individuals, simply provide all the above information on a separate piece of paper and enclose \$10 for each additional person not listed above.

Make check or money order payable to Rx WASHINGTON.

**Rx Washington
PO Box 5577
Plymouth, MI 48170**